

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075922

FILED
Jul 26, 2005
Secretary of State

Entity Name: VIVACE, LLC

Current Principal Place of Business:

18206 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

18206 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 41-2039641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROUSSO, MARK E ESQ.
18851 N.E. 29 AVENUE, SUITE 900
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SZWARC, CARMEN D
Address: 18206 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR () Delete
Name: LABOVSKY, BENITO A
Address: 18206 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR () Delete
Name: LABOVSKY, CINTHIA Y
Address: 18206 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR () Delete
Name: LABOVSKY, VANESA A
Address: 18206 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR () Delete
Name: LABOVSKY, VIVIAN
Address: 18206 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LABOVSKY BENITO

MGR

07/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date